

TRICARE Fundamentals Course

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TRICARE Operations Manual 2008, Chapter 1, Section 1.2



This section lists medical and surgical services that are generally not covered under TRICARE or are covered with significant limitations. This list is not intended to be all-inclusive but does cover questions customer service staff may be asked about when discussing the TRICARE benefit. Beneficiaries should contact their regional or overseas contractors, and/or check TRICARE Online (www.tricare.mil), as benefits are subject to change. Information provided online or by the regional contractor does not constitute a guarantee of payment. Payment is based upon claim submission.

Services or Procedures with Significant Limitations

- **Abortions** are covered only when the life of the mother would be endangered if the pregnancy were carried to term. The attending physician must certify in writing that the abortion must be performed because a life-threatening condition existed. Medical documentation must be provided.
- **Adjunctive Dental Care.** The following are covered under the medical benefit for dental care performed in preparation for, or as a result of, an injury or disease, or dental care that is an integral part of treatment of a covered medical condition. Prior authorization from the regional contractor is required.
 - Dental x-rays
 - Facility charges for non-adjunctive dental services, hospital and anesthesia charges related to routine dental care for children under age 5, or those with disabilities may be covered in addition to dental care related to some medical conditions
- **Bariatric Surgery** (gastric bypass, gastric stapling, gastroplasty, or laparoscopic adjustable gastric banding (Lap-Band® surgery), to include vertical banded gastroplasty, is covered when:
 - The patient has completed growth (18 years of age or documentation of completion of bone growth).
 - The patient has been previously unsuccessful with medical treatment for obesity. Failed attempts at non-surgical medical treatment for obesity must be documented in the patient's medical record.
 - The patient has evidence of either of the following:
 - A body-mass index greater than or equal to 40 kg/m².
 - A body-mass index of 35-39.9 kg/m² with one clinically significant co-morbidity, including but not limited to, cardiovascular disease, type 2 diabetes mellitus, obstructive sleep apnea, pickwickian syndrome, hypertension, coronary artery disease, obesity-related cardiomyopathy, or pulmonary hypertension.
 - The patient has had an intestinal bypass or other surgery for obesity and, because of complications, requires a second surgery (a takedown).
- **Biofeedback** services and supplies for up to 20 inpatient and outpatient treatments per fiscal year (October 1-September 30) may be covered for electrothermal, electromyograph and electrodermal therapy when it is determined that the beneficiary is no longer responding to other forms of conventional treatment for Raynaud's Syndrome and/or incapacitating muscle spasms or weakness. TRICARE does not cover biofeedback for the treatment of ordinary muscle tension, psychosomatic conditions, hypertension, or rental or purchase of biofeedback equipment.
- **Breast Pumps.** TRICARE covers breast pumps in certain cases.
 - Heavy-duty, hospital-grade electric breast pumps are covered, including services and supplies related to the use of the pump, for mothers of premature infants.
 - An electric breast pump is covered while the premature infant remains hospitalized during the immediate postpartum period.
 - Hospital-grade electric breast pumps may also be covered after the premature infant is discharged from the hospital with a physician-documented medical reason. This documentation is also required for premature infants delivered in non-hospital settings.
 - Breast pumps of any type used for reasons of personal convenience are excluded, even if prescribed by a physician.

- **Colonoscopy Exams.** Covered as follows:
 - For individuals with hereditary non-polyposis colon rectal cancer syndrome, exams are available every two years beginning at age 25 (or five years younger than the earliest age of diagnosis of colorectal cancer, whichever is earlier), and then annually after age 40.
 - For individuals who have a first-degree relative diagnosed with sporadic colon rectal cancer or adenomas before the age of 60 or multiple first-degree relatives with colon rectal cancer or adenomas, exams are available every three to five years beginning 10 years earlier than the youngest affected relative.
 - Once every 10 years beginning at age 50 for individuals at average risk for colon cancer.
- **Computed Tomographic Colonography (CTC) or (Virtual Colonoscopy)** are only covered when an optical colonoscopy is medically contraindicated or cannot be completed due to a known colonic lesion, structural abnormality, or some other technical difficulty is encountered that prevents adequate visualization of the entire colon. CTC is NOT covered as a colorectal cancer screening for any other indication or reason.
- **Cosmetic, Plastic, or Reconstructive Surgery** is only covered when used to restore function, correct a serious birth defect, restore body form after a serious injury, improve appearance of a severe disfigurement after cancer surgery, or reconstruct the breast after cancer surgery.
- **Education and Training.** Only covered under the TRICARE ECHO and diabetic outpatient self-management training services. Diabetic outpatient self-management training services must be performed by programs approved by the American Diabetes Association® (ADA). The provider's ADA *Certificate of Recognition* must accompany the claim for reimbursement.
- **Erectile Dysfunction Treatment.** Covered only when medically necessary and appropriate for erectile dysfunction due to organic, vice psychological, or psychiatric causes. TRICARE covers external vacuum appliance, penile implants, testicular prostheses, hormone injections, and PDE5 inhibitors (i.e., Cialis, Levitra, Viagra) subject to limitations established by the DoD Pharmacy and Therapeutics Committee for organic impotency.
- **Eyeglasses or Contact Lenses.** Covered for non-active duty beneficiaries as follows:
 - Contact lenses and/or eyeglasses for treatment of infantile glaucoma
 - Corneal or scleral lenses for treatment of keratoconus
 - Scleral lenses to retain moisture when normal tearing is not present or is inadequate
 - Corneal or scleral lenses to reduce corneal irregularities other than astigmatism
 - Intraocular lenses, contact lenses, or eyeglasses for loss of human lens function resulting from intraocular surgery, ocular injury, or congenital absence
 - "Pinhole" glasses prescribed for use after surgery for detached retina
- **Food Substitutes or Supplements, and Vitamins** are covered when used as the primary source of nutrition for enteral, parenteral, or oral nutritional therapy. Intraperitoneal nutrition therapy is covered for malnutrition as a result of end-stage renal disease. Vitamins may be cost-shared only when used as a specific treatment of a medical condition. In addition, prenatal vitamins that require a prescription may be cost-shared, but are covered during prenatal care only.
- **Genetic Testing** is covered when medically proven and appropriate, and when the results of the test will influence the patient's medical management. Routine genetic testing is not covered.
- **Hearing Aids** are covered only for active duty family members who meet specific hearing loss requirements. See TRICARE Policy Manual Chapter 7, Section 8.2 (2002 and 2008 versions).
- **Human Papillomavirus (HPV) Deoxyribonucleic Acid (DNA) Testing** is covered as a cervical cancer screening only when performed in conjunction with a Pap smear, and only for women aged 30 and older.
- **Inpatient Psychotherapy** is limited to five sessions per week in any combination of individual, family, collateral or group sessions. Inpatient psychotherapy counts toward the 30- or 45-day limit of acute inpatient psychiatric care.

- **Intelligence Testing** is covered only when medically necessary for the diagnosis or treatment planning of covered psychiatric disorders.
- **Laser/LASIK/Refractive Corneal Surgery** is covered only to relieve astigmatism following a corneal transplant.
- **Mastectomy Bras** are limited to two initial mastectomy bras and two replacement mastectomy bras per calendar year.
- **Outpatient Psychotherapy** is limited to two sessions per week in any combination of individual, family, collateral or group sessions. Beneficiaries may not attend more than two sessions in one week or more than one session in one day.
- **Private Hospital Rooms** are not covered unless ordered for medical reasons or because a semiprivate room is not available. Hospitals subject to the TRICARE diagnosis-related group (DRG) payment system may provide the patient with a private room, but will only receive the standard DRG amount. The hospital may bill the patient for the extra charges if the patient requests a private room.
- **Shingles Vaccine** (Zostavax) is covered for beneficiaries 60 and older.
- **Shoes, Shoe Inserts, Shoe Modifications, and Arch Supports.** Orthopedic shoes may be covered if they are a permanent part of a brace. Extra-depth shoes with inserts or custom-molded shoes with inserts may be covered for individuals with diabetes.
- **Substance Abuse Disorder Treatment** is limited to three substance use disorder treatment benefit periods in a lifetime (waiver possible in accordance with policy criteria).
 - A benefit period begins with the first date of covered treatment and ends 365 days later, regardless of the total services used during that period.
 - Emergency and inpatient hospital services for detoxification, stabilization and for treatment of medical complications of substance use disorders do not count for the purposes of establishing the beginning of a benefit period.
 - Emergency and inpatient hospital services are considered medically necessary only when the patient's condition is such that the personnel and facilities of a hospital are required.
- **Wigs** are limited to one per beneficiary per lifetime, with the allowable charge to not exceed \$2000 per wig or hairpiece. The attending physician must certify that alopecia (hair loss) results from the treatment of a malignant disease (i.e., cancer), and the beneficiary must certify that he or she has not previously obtained a wig or hairpiece through the U.S. Government. TRICARE does not cover hair transplants; the cost of maintenance, supplies or replacement of wigs or hairpieces; diagnostic or therapeutic methods intended to encourage hair regrowth; or wigs or hairpieces for hair loss caused by something other than treatment of a malignant disease.

Exclusions:

In general, TRICARE excludes services and supplies that are not medically or psychologically necessary for the diagnosis or treatment of a covered illness or mental disorder, injury, or for the diagnosis and treatment of pregnancy or well-child care. All services and supplies, including inpatient institutional costs, related to a non-covered condition or treatment, or provided by an unauthorized provider, are excluded.

The following specific services are excluded under any circumstance. This list is not all-inclusive. See TRICARE Policy Manual Chapter 1, Section 1.2 (2008 version) or Chapter 1, Section 1.1 (2002 version) for additional information.

- Acupuncture
- Alterations to living spaces
- Artificial insemination, including in-vitro fertilization, gamete intrafallopian transfer, and all other such reproductive technologies
- Autopsy services or post-mortem examinations

- Birth control and contraceptives (non-prescription)
- Bone marrow transplants for treatment of ovarian cancerCamps (e.g., for weight loss)
- Cardiac Rehabilitation. Phase III cardiac rehabilitation for lifetime maintenance performed at home or in medically unsupervised settings is excluded.
- Care or supplies furnished or prescribed by an immediate family member
- Charges that providers may apply to missed or rescheduled appointments
- Counseling services that are not medically necessary for the treatment of a diagnosed medical condition (e.g., educational counseling, vocational, and socioeconomic counseling; stress management; lifestyle modification)
- Custodial care
- Diagnostic admissions
- Domiciliary care
- Dyslexia treatment
- Electrolysis
- Elevators or chairlifts
- Exercise equipment, spas, whirlpools, hot tubs, swimming pools, health club memberships, or other such charges or items
- Experimental or unproven procedures
- Foot care (routine), except if required as a result of a diagnosed, systemic medical disease affecting the lower limbs, such as severe diabetes
- General exercise programs, even if recommended by a physician and regardless of whether rendered by an authorized provider
- Inpatient stays:
 - For rest or rest cures
 - To control or detain a runaway child, whether or not admission is to an authorized institution
 - To perform diagnostic tests, examinations, and procedures that could have been and are performed routinely on an outpatient basis
 - In hospitals or other authorized institutions above the appropriate level required to provide necessary medical care
- Learning disability services
- Medications:
 - Drugs prescribed for cosmetic purposes
 - Fluoride preparations
 - Food supplements
 - Homeopathic and herbal preparations
 - Over-the-counter medications
- Megavitamins and orthomolecular psychiatric therapy
- Mind expansion and elective psychotherapy
- Naturopaths
- Non-surgical treatment of obesity or morbid obesity
- Personal, comfort, or convenience items, such as beauty and barber services, radio, television, and telephone
- Postpartum inpatient stay for a mother to stay with a newborn infant (usually primarily for the purpose of

breast feeding the infant) when the infant (but not the mother) requires the extended stay, or continued inpatient stay of a newborn infant primarily for purposes of remaining with the mother when the mother (but not the newborn infant) requires extended postpartum inpatient stay

- Preventive care, such as routine, annual, or employment-requested physical examinations; routine screening procedures; or immunizations, except as provided under the clinical preventive services benefit
- Psychiatric treatment for sexual dysfunction
- Services and supplies:
 - Provided under a scientific or medical study, grant, or research program
 - Furnished or prescribed by an immediate family member
 - For which the beneficiary has no legal obligation to pay or for which no charge would be made if the beneficiary or sponsor were not TRICARE-eligible
 - Furnished without charge (e.g., cannot file claims for services provided free-of-charge)
 - For which the beneficiary has no legal obligation to pay or for which no charge would be made if the beneficiary or sponsor were not TRICARE-eligible
 - Furnished without charge (i.e., cannot file claims for services provided free-of-charge)
 - For the treatment of obesity, such as diets, weight-loss counseling, weight-loss medications, wiring of the jaw, or similar procedures (For gastric bypass, see “Services or Procedures with Significant Limitations” earlier in this section)
 - Inpatient stays directed or agreed to by a court or other governmental agency (unless medically necessary)
 - Required as a result of occupational disease or injury for which any benefits are payable under a workers’ compensation or similar law, whether such benefits have been applied for or paid, except if benefits provided under these laws are exhausted
 - That are, or are eligible to be, fully payable under another medical insurance program, either private or governmental, such as coverage through employment or Medicare (In such instances, TRICARE is the secondary payer for any remaining charges)
- Sex change or sexual inadequacy treatment, with the exception of treatment of ambiguous genitalia that has been documented to be present at birth
- Smoking cessation supplies
- Speech Therapy Services:
 - Disorders resulting from occupational or educational deficits
 - Myofunctional or tongue thrust therapy
 - Videofluoroscopy evaluation
 - Maintenance therapy that does not require a skilled level after a therapy program has been designed
 - Special education services from a public educational agency to beneficiaries age 3-21
- Sterilization reversal surgery
- Surgery performed primarily for psychological reasons (such as psychogenic surgery)
- Therapeutic absences from an inpatient facility, except when such absences are specifically included in a treatment plan approved by TRICARE
- Transportation, except for ambulance
- X-ray, laboratory, and pathological services and machine diagnostic tests not related to a specific illness or injury or a definitive set of symptoms, except for cancer-screening mammography, cancer screening, Pap tests, and other tests allowed under the clinical preventive services benefit